

MMWR Weekly COVID-19 Briefing for the Week of May 24th

[Announcer] This program is presented by the Centers for Disease Control and Prevention.

Hello, I'm Charlotte Kent, Editor-in-Chief of CDC's Morbidity and Mortality Weekly Report. Thanks for joining me for *MMWR's* Weekly COVID-19 Briefing for the week of May 24th.

In this episode, I'll discuss three *MMWR* COVID-19 reports. The first report describes COVID-19 vaccine breakthrough cases reported to CDC. Another report shows that disparities in vaccination coverage increased as more people became eligible for COVID-19 vaccines. The third examines innovative approaches to the routine care of HIV patients during the COVID-19 pandemic through PEPFAR and CDC.

COVID-19 vaccines are effective, but no vaccine is 100% effective. A small percentage of fully vaccinated people will still get infected or sick with COVID-19. Some will not have symptoms, some will be hospitalized, and an even smaller percentage will die. The infections that occur in fully vaccinated people are known as vaccine breakthrough cases.

As of April 30, 2021, approximately 101 million people in the United States had been fully vaccinated against COVID-19. However, during January to April 2021, SARS-CoV-2 transmission continued at high levels in many parts of the country. For example, during the last week in April, approximately 355,000 COVID-19 cases were reported nationally. Between January and April 2021, 46 state and territorial health departments reported over 10,000 COVID-19 breakthrough infections to CDC, including 995 hospitalizations and 160 deaths.

Vaccine breakthrough cases are expected. It is important to keep in mind that vaccine breakthrough infections occur in only a small fraction of all vaccinated people and account for a small percentage of all COVID-19 cases. The number of COVID-19 cases, hospitalizations, and deaths that will be prevented among vaccinated people will far exceed the number of vaccine breakthrough cases. Thus, COVID-19 vaccines help protect you from getting COVID-19 or getting severely ill if you do get COVID-19. CDC recommends everyone 12 years of age and older get a COVID-19 vaccine as soon as they can.

Social vulnerability refers to community-level factors, such as poverty and crowded housing, that influence health. Communities with high social vulnerability have more factors that are associated with poor health, and these communities have been disproportionately affected by the COVID-19 pandemic.

Investigators analyzed COVID-19 vaccine administration data and categorized all U.S. counties based on social vulnerability status. During December 2020 through May 2021, over half of adults received one or more doses of a COVID-19 vaccine. By early May 2021, vaccination coverage was lowest among adults living in counties with the highest social vulnerability. The disparities increased over time, especially among adults living in suburban and rural counties. Coverage was lower among adults living in counties with lower socioeconomic status and counties with higher percentages of households with children, single parents, and people with disabilities. Public health messaging tailored to local populations, and increasing access through

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mobile and walk-in vaccination clinics could help improve vaccination coverage in counties with high social vulnerability.

During the COVID-19 pandemic, routine care of HIV patients and delivery of routine services must continue. CDC collaborated with ministries of health in countries supported by the U.S. President's Emergency Plan for AIDS Relief, or PEPFAR, to help restore - and in some cases, - expand HIV viral load testing after some COVID-19 restrictions were eased. This collaboration demonstrated the effectiveness of innovative strategies to reduce the risk for COVID-19 among patients and health care workers.

Thank you for joining us for this week's briefing.

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